BEST AVAILABLE COPY													
PATENT APPLICATION FEE DETERMINATION RECOR Effective October 1, 2000									Application or Docket Number				
CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL ENTITY TYPE			OTHER THAN		
TOTAL CLAIMS 32								RATE	FEE	OR 7	RATE	FEE .	
FOR			NUMBER FILED		NUMBER EXTRA		•	BASIC FE	<del></del>	OR			
TOTAL CHARGEABLE CLAIMS			32 minus 20=		· /2		,	X\$ 9=		1	ivaca		
INDEPENDENT CLAIMS			4 minus 3 =		• ,			<b> </b>	<b> </b>	OR		216.00	
М	JLTIPLE DEPE	NDENT CLAIM P	RESENT		<u> </u>		X40=		OR	X80=	80.00		
* If the difference in column 4 is less than your color follows.								+135=		OR	+270=		
"If the difference in column 1 is less than zero, enter-10" in column 2  CLAIMS AS AMENDED - PART II												104.00	
		(Column 1)	UMENDE(	PAR - (Colu		(Column 3)		SMALL	ENTITY	OR	OTHER SMALL		
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT	: :	HIGH NUM PREVI PAID	BER OUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL		RATE	ADDI- TIONAL FEE	
	Total	:32	Minus	- 3	$\mathcal{Z}$	=		X\$ 9=		ÓЯ	X\$18=		
	Independent	• (./.	Minus ••• (		J	. =		. X40=		OR	X80=	44	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT			CLAIM			, 405						
_	20-05	•					ı	+135= TOTAL		OR	+270= - TOTAL		
O	130,01	(Ĉolumn 1)	:	40 alas	2)	(Oah O	-	ADDIT. FEE		OR .	ADDIT FEE		
AMENDMENT B		CLAIMS FREMAINING AFTER AMENDMENT		(Colur HIGH NUM PREVIC PAID	EST BER DUSLY	(Column 3) PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	· 32	Minus	ee :	37	. /	Ì	X\$ 9=	7.66	OR	X\$18=	6	
	independent	. 4	Minus	***	4	7	.	X40=			X80=		
_	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						ŀ			OR	-		
•								+135=		OR	+270=		
	•						A	TOTAL DOIT. FEE		OR ,	TOTAL DOIT, FEE		
_		(Column 1) (Column 2) (Column 3) CLAIMS RIGHEST						•					
BENT C		REMAINING AFTER AMENDMENT		NUME PREVIO PAID F		PRESENT EXTRA	L	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
AMENDMENT C	Total '	•	Minus	••		=	Γ	X\$ 9=		OR	X\$18=		
	Independent	•	Minus	***		•	t	X40=		Ť	X80=		
	FIRST PRESE	NTATION OF MU	LTIPLE DEP	ENDENT	CLAIM		1			OR			
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.										OR	+270=		
	I the "Highest Nur I the "Highest Nur	mber Previously Pai mber Previously Pai	ld For IN THIS ld For IN THIS	SPACE IS	less than	20, onter "20."		TOTAL DOIT, FEE			DOIT. FEE		
•	The "Highest Num	ber Previously Paid	For (Total or	Independe	nl) is the	highest number	foun	d in the app	opriate box	in cotu	mn 1.		

FORM PTO-675 (Rev. 8/00)

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